



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

June 2, 2006

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.  
P.O. BOX 398  
AUSTIN, TX 78787-0398  
US

Dear Sir/Madam,

Your refund request for 09840449 in the amount of \$200.00 has been denied.

Fee was for additional independent claims in excess of three. Claim 44,61,75,87 and 100.

Sincerely,

  
VINCENT STUART  
Technical Center Others  
703 308-9010 x177



Finance

Dep's Ref.

PATENT  
5500-98900/TT4413

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/840,449  
Filed: April 23, 2001  
Inventors:  
Owen et al.

Title: System and Method of  
Maintaining Coherency in a  
Distributed Communication  
System

§ Examiner: Dang, Khanh  
§ Group/Art Unit: 2111  
§ Atty. Dkt. No: 5500-98900

I hereby certify that this correspondence is being deposited with  
the United States Postal Service with sufficient postage as first  
class mail in an envelope addressed to: Commissioner for  
Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the  
date indicated below.

B. Noël Kivlin  
Printed Name

Signature

April 21, 2006  
Date

REQUEST FOR REFUND OF FEE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir or Madam:

Applicant requests a refund of excess claim(s) fee charged to deposit account no. 501505 in the amount of \$200.00 on August 10, 2005. Applicant originally submitted fees for nine independent claims and cancelled five on a Response to non-final Office Action mailed May 10, 2005. On the Response to Office Action of August 10, 2005 applicant added one independent claim and therefore no fee was incurred.

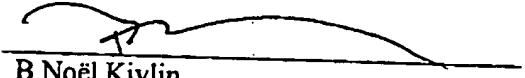
200611.1 - 2 4010:09  
60

CANCELLED

5500-98900/TT4413

Applicants respectfully request a refund in the amount of \$200.00 to deposit account no. 501505/5500-98900. If you have any questions or comments, please do not hesitate to contact the undersigned.

Respectfully submitted,



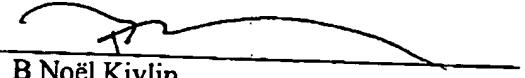
B Noël Kivlin  
Reg. No. 33,929  
ATTORNEY FOR APPLICANT(S)

Meyertons, Hood, Kivlin,  
Kowert, & Goetzel, P.C.  
P.O. Box 398  
Austin, TX 78767-0398  
Phone: (512) 853-8840  
Date: April 21, 2006

BEST AVAILABLE COPY

Applicants respectfully request a refund in the amount of \$200.00 to deposit account no. 501505/5500-98900. If you have any questions or comments, please do not hesitate to contact the undersigned.

Respectfully submitted,



B Noël Kivlin  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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B. Noël Kivlin  
Printed Name

Signature

April 21, 2006  
Date

**REQUEST FOR REFUND OF FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir or Madam:

Applicant requests a refund of excess claim(s) fee charged to deposit account no. 501505 in the amount of \$200.00 on August 10, 2005. Applicant originally submitted fees for nine independent claims and cancelled five on a Response to non-final Office Action mailed May 10, 2005. On the Response to Office Action of August 10, 2005 applicant added one independent claim and therefore no fee was incurred.

2006/04/24 10:09:09

**CANCELLED**

5500-98900/TT4413

1

Meyertons, Hood, Kivlin, Kowert, & Goetzel, P.C.

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

09/810449

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	56	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	56 minus 20 =	36
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

8/15/05

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)
			Minus	=	
Total	43	Minus	56	= 0	
Independent	5	Minus	4	= 1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	648.00
X40=		OR X80=	80.00
+135=		OR +270=	
TOTAL		OR TOTAL	1438.00

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	80.00
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	80.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)
			Minus	=	
Total		Minus	0	=	
Independent		Minus	0	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE		ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	(Column 1) (Column 2) (Column 3)
			Minus	=	
Total		Minus	0	=	
Independent		Minus	0	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE		ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.